## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001559

Country

1. Entity Name

City & State

Zip

## HOSPITALITY SALES & MARKETING ASSOCIATION, INTER NATIONAL, INC. PALM BEACH/TREASURE COAST CHAPTER

Principal Place of Business

PO BOX 7466
WEST PALM BEACH FL 33405

PO BOX 7466
WEST PALM BEACH FL 33405

Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

## FILED Mar 06, 2002 8:00 am § Secretary of State

03-06-2002 90039 050 \*\*\*\*70.00

166100



CARLSON, DALE
10820 SE BOW LANE
HOBE SOUND FL 33455

City

City

T. Name and Address of New Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ٠ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD (10/6) TITLE Delete Director Addition Addition TITLE Change Chours, Vicki South Florida Ringrounds HURD, DEB NAME NAME STREET ADDRESS 100 S OCEAN BLVD, RITZ CARLTON STREET ADDRESS CR2E037 West Polm Beach, 82 33421 CITY-ST-ZIP CITY-ST-7IP MANALAPAN FL 33462 Director AMEX VECCING LINDS HIME BLUE 4-22 924 W. FOREST HIME BLUE 4-22 TITLE TITLE ☐ Change Addition ☐ Delete PETERS, STEFANIE 1800 S. OCEAN. NAME FOUR SOUTON NAME STREET ADDRE STREET ADDRESS E 33480 CITY-ST-ZIP MANALAPAN FL 33462 - Pan Beach, CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME BLACK, IAN NAME STREET ADDRESS 630 CLEARWATER PARK RD., SHERATON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete TITLE TITLE ☐ Change ☐ Addition **BREDER-WATTS, CAROLINE** NAME NAME STREET ADDRESS STREET ADDRESS 262 S OCEAN BLVD., FLORIDA STAGE CITY-ST-ZIP CITY-ST-ZIP MANALAPAN FL 33462 TITLE ☐ Delete Addition TITLE ☐ Change NAME CRIST, STEVE NAME STREET ADDRESS 3700 N OCEAN DRIVE., HILTON RESORT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL 33404 TITLE ☐ Delete TITLE Change ☐ Addition HALLENBECK, HEATHER NAME NAME STREET ADDRESS 2800 S OCEAN BLVD., FOUR SEASON RESORT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affact here it with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #